ਦੀ.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 12908

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	01/01/2004 Through: 12/31/2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name John R Barron	Name Loca #11 Roofer's Union
	Labor Organization File Number 018-962
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 219 Washington Sq Unit B	street 9838 W Roosevelt Rd
city Elk Grove Village	city Westchester
State /L ZIP Code + 4 60007	State / ZIP Code + 4 60 (5 ⁻⁴)
5. Position in labor organization. Business Agent	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of interest, Transaction, or Income.
Name 1	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	. c.b. yundun.
City	
State ZIP Code + 4	
Signature	
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is. Signature and vernication. The undersigned declares, under pe	enally of Penury and other applicable penallies of the law, that all of the information
submitted in this report (including the information contained in any ac	companying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (Se	ee the section on penalties in the instructions.)

Signed

on 7 - 12 - 05

847-470-10

Date

elephone Number

14.b. Amount of payment.

13.b. Is the Business an Employer

or Consultant

I didn't know I had to fele a 1 n-30 for last year Nahuany! Ann December 31 2004. I have no reportable records of gifts, that I have received. The following information is my honest reportable to be fair and true.